



Trauma Advisory Council

March 18, 2014

3:00 p.m.

Minutes

MEMBERS PRESENT

Dr. Mary Aitken
Kathryn Blackman
Terry Collins
Dr. Clint Evans
R. T. Fendley
Dr. James Graham
K.C. Jones
Dr. Charles Mabry
Michelle Murtha
Dr. Barry Pierce
Freddie Riley
Dr. Ronald Robertson
Dr. Nathaniel Smith
Dr. Viviana Suarez
Tim Tackett
Jamey Wallace
Christi Whatley
Jon Wilkerson
Col. Stan Witt (rep. by Sr.
Cpl. Karen E. Clark)

MEMBERS ABSENT

Dr. Janet Curry
John Gray
John E. Heard
Thomas Jenkins
Dr. Corey Montgomery
Dr. Michael Pollock
Brian Thomas

GUESTS

Don Adams
Nancy Archer
Debbie Baylor
Jami Blackwell
Kim Brown
Jennifer Carger
Shannon Carr
D'borai Cook
Kelly Dicks
Peggy Duggan
Janie Evans
Teresa Ferricher
Amber Files
Robert Fox
Jasper Fultz
Lee Galbraith
Kelly Hill
Terri Imus
Dr. Scott Lewis
Paula Lewis
Stephanie Long
Dr. Chuck Mason
Carla McMillan
Tribble Moseley
Donna Parnell-Beasley
Hannah Pate
Gary Ragen
John Recicar
Patti Rogers
Ronald Russell
Velvet Shoults

GUESTS (Cont.)

James M. Smith
Ashlee Stockard
Dr. Michael Sutherland
Jon Swanson
Chris Tarkington
Annette Tatum
Cathee Terrell
Robin Terry
Allen "Bubba" Usrey
Tim Vandiver
Carrie Vickers
Samuel A. Webb
Rodney Walker
Ronald Woodard

STAFF

Debbie Bertelin
Dr. James Booker
Greg Brown
Jim C. Brown
Diannia Hall-Clutts
Melissa Foust
Rick Hogan
Margaret Holaway
Renee Joiner
Marie Lewis
Joe Martin
Dr. Todd Maxson
Austin Porter
Donnie Smith
Karis Strevig
Bill Temple

I. Call to Order – Mr. R.T. Fendley, Chairman

The Trauma Advisory Council (TAC) meeting was called to order on Tuesday, March 18, 2014, at 3:03 p.m. by Mr. Fendley.

II. Welcome and Introductions

Mr. Fendley welcomed all guests and members and asked those on the conference call to introduce themselves. He asked that TAC members and guests on the conference call who wish their attendance noted for the official minutes to send the appropriate e-mail. Mr. Fendley thanked Jim Brown with the Trauma/Injury and Violence Prevention Branch for all his work for the TAC as he moves to a new position.

III. Approval of Draft Minutes From February 18, 2014

The TAC reviewed the February 18, 2014 minutes. A motion to approve the minutes was made by Dr. Charles Mabry and seconded by Dr. Ronald Robertson. The minutes were approved.

IV. TAC Meeting Schedule for 2014

At the last TAC meeting, there was discussion to look at the TAC meeting schedule. The TAC is required by statute to meet four times a year. A proposal was made for a schedule change in the TAC meetings to quarterly plus the TAC Retreat and any specially called meetings. This being a transition year, meetings would be on June 17, September 16, October 21 (Retreat), and December 16, 2014. The start time for the meeting was proposed to move from 3:00 p.m. to 1:00 p.m. A motion was made by Jon Wilkerson to approve a quarterly meeting schedule for 2015 (plus the TAC Retreat and any specially called meetings), the above schedule for the remainder of 2014, and the new start time of 1:00 p.m. for all subsequent meetings. The motion was seconded by Dr. Mabry and unanimously approved by the TAC membership.

Mr. Fendley asked members to look at the suggested TAC committee meeting schedule and to be considerate of the support staff in accommodating these meetings. The schedule spreads out the meetings, but mainly keeps them on the 3rd Tuesday due to the standing room reservations for the remainder of the year. A point was made that any votes taken at the Designation Committee are brought to the TAC for advisement only, thus not holding up this committee's business. Mr. Fendley asked Renee Joiner to field any special requests for meeting schedule changes.

A motion was made by Jon Wilkerson that each of the committees provide written minutes to the Trauma Section in advance of the TAC meetings so the members will have the report for review prior to the meeting. The motion was seconded by Dr. Mabry and was approved.

V. Trauma Section Operations Report – Bill Temple

Mr. Temple personally commended the work of Jim Brown and wished him well in his new position. The South by Southwest Conference was held in Little Rock on March 16-18 with two high-level Centers for Disease Control attendees. Attendance spanned 10 states with a focus on injury prevention. The Trauma Section received its first subpoena regarding trauma system operations. It concerned an incident

that occurred in March 2013 on Interstate 40 near Hazen. He noted that the Arkansas Department of Health (ADH) is not a party to the lawsuit. There will be a couple of administrative positions in the Trauma Section that we will advertise in the near future. Please keep this in mind if you know any interested parties. Finally, TAC subcommittees will in the future be called committees.

Mr. Temple asked Dr. Nate Smith to give an update regarding the revision of the *Rules and Regulations for Trauma Systems*. Dr. Smith stated that Donnie Smith and he met with a few members of the Arkansas Hospital Association (AHA) Board regarding their areas of objection with the revised *Rules*. The AHA members stated that hospitals are under pressure from a lot of different directions, particularly working under increased regulations with diminished funding. Dr. Smith discussed a “middle ground” that might be acceptable to both sides and the AHA members said they would take these ideas back to their Board members. Dr. Mabry, representing the Arkansas Medical Society, stated a concern that AHA member attendance at TAC meetings has been sparse compared to attendance in the past. He recommended that AHA attendance be encouraged so as to join in on the conversations. Dr. Smith stated that he expressed that sentiment from the TAC to the AHA members. The next Board of Health meeting is in April. Any further information will be brought to the next TAC meeting, which may necessitate a specially called meeting due to the new TAC schedule. Dr. Maxson stated that the timing of the next TAC meeting is important with the next round of hospital designations coming up and the preference to designate them under the same set of *Rules*.

VI. State Clinical Operations Report – Dr. Todd Maxson

Dr. Maxson stated that last month’s discussion about a couple of topics sparked both interest and concern. One topic concerned the Emergency Medical Treatment and Active Labor Act (EMTALA) and diversion. This discussion came about because the Arkansas Trauma Communications Center (ATCC) and the use of our dashboard are unique. There is no precedent regarding this anywhere in the country, so we turned to the Centers for Medicare and Medicaid Services for answers. The basic principal is that if a hospital represents itself on the dashboard as not having capability and capacity for a particular service, the access it provides for patients’ treatment must be the same, regardless of who the patients are or how they present to the ED. Bill Temple is working on a letter regarding this topic that will be sent out to all the hospitals.

Another topic is our trauma center designations and the fact that we have our first hospitals coming up for re-designation in the latter part of 2014. We have offered them the option of designating under the present *Rules* at their specified time or delaying their designation visit until at least March 2015 in hopes that we have a new set of *Rules* in place and can designate the majority of the hospitals under the same set of *Rules*. Mr. Temple has sent letters to the seven hospitals with site visits prior to March 1, 2015 giving them the two options.

Regarding the issue of hand coverage, credentialing of the contracted hand surgeons for hand telemedicine is not necessary. The purpose of these surgeons is to assist the ATCC in the accurate triage of trauma patients with hand injuries. They are to give an expert opinion of whether or not this is an urgent case that needs to be dealt with immediately, whether it needs to go to a specialist and in what timeframe, or whether it is appropriate to be handled by a general practitioner (orthopedist, emergency

medicine, general surgery) in the community. The contract surgeons are simply giving a recommendation to the ATCC. They are not practicing medicine in the hospital that calls the ATCC.

Lastly, Dr. Maxson relayed that after 4 ½ years, he will be sharing his role with Dr. Jim Booker as the Trauma Medical Consultant to the ADH. Dr. Booker is the Trauma Medical Director (TMD) at Christus St. Michael in Texarkana, Texas. He is a general surgeon trained at Tampa General in Florida. He is the TMD for the Southwest Trauma Regional Advisory Council (TRAC) and has been the Chairman of the Designation Committee of the TAC for several years. He has worked closely in our Arkansas trauma system and will be a good counter for Dr. Maxson. Mr. Fendley welcomed Dr. Booker to this expanded role and recognized all the work he has done for the Arkansas trauma system.

VII. Other Reports

Trauma Registry – Marie Lewis

- She has met weekly with Registrars at hospitals with Digital Innovation (DI) NTRACS Trauma Registry to discuss the upgrade to ICD-10 implementation in October 2014. Discussions are also ongoing with DI regarding the Web Registry implementation to ICD-10.
- The Association for the Advancement of Automotive Medicine course will be held May 6-7, 2014 in Little Rock. The course is full, but hospitals can submit names for a waiting list.
- The first Registry newsletter was sent out by e-mail on March 17, 2014 to all Registrars and Trauma Nurse Coordinators.
- The next submission deadline is May 30, 2014, for the first quarter of 2014 data.

Arkansas Trauma Communications Center (ATCC) – Jon Swanson

Mr. Swanson reported that trauma calls for hand injuries are going well. Some facilities are still learning how to work the hand telemedicine units. Dr. Maxson stated that it is the hospital's responsibility to learn how to use this equipment.

Arkansas Trauma Education & Research Foundation (ATERF) – Dr. Michael Sutherland

Dr. Sutherland stated that the Trauma Update will be held on May 2-3, 2014 at Embassy Suites in Little Rock. There will be speakers from four states and the schedule is robust. Space will be limited and he encouraged registration on the ATERF website. TRACs have helped subsidize this conference in the past and are encouraged to assist with this again to help keep conference fees at a minimum.

Trauma Image Repository (TIR) – Terri Imus

Ms. Imus reported that facilities had good use of the repository in February. ATCC notified the TIR of 315 transfers that may have images associated with the patient. The actual number of patients with images assigned was 488 as some patients had multiple images. The total number of images for these patients was 520; some images were for trauma patients who were not transported. In reference to

telemedicine in the hospitals, Ms. Imus stated that every hospital in the state of Arkansas has interactive video equipment. She is making site visits for facilities that need training.

Scorecard Report – Austin Porter

Mr. Porter reported that we are transitioning to a dashboard with more relevant patient outcome and system measures. He referred to the handout captioned *Dashboard for the Arkansas Trauma System*. Dr. Maxson asked everyone to review this document and to let the Trauma Section know if there is a key component to the system that needs to be evaluated that is not on this list.

Quality Improvement Organization (QIO) – Jennifer Carger

Ms. Carger reported that the review of the sample records from the trauma facilities is continuing. There is a possibility of 116 data points that are collected with 52 parent fields and 64 additional fields, depending on how the parent fields are answered. They have received almost all of the records and have a few onsite visits to make.

VIII. Committee Changes

Mr. Fendley announced that there will be a new committee added to TAC under the leadership of the Trauma Medical Consultants called the System Outcomes and Evaluation Oversight Committee. Dr. Steve Bowman will be the chairman of this Committee. Dr. Maxson added that this Committee will use the data from the new dashboard measures to evaluate our system. The Committee will be charged with evaluating the tool that is being used to measure data, ensuring that the data we are evaluating is scientifically sound, evaluating our system longitudinally, and ensuring that what we are measuring is important.

Mr. Fendley shared that the structure and order of the all the TAC committees varies. A toolkit will be provided to help bring consistency to the committee structure and foster increased productivity.

IX. TAC Committee Reports

(Note: Committee minutes are attached, where appropriate; only official action and additional information provided to the TAC is documented in this section.)

- Finance Committee (R. T. Fendley – Chair)

Mr. Fendley shared that the Committee met by phone in March. They passed a recommendation for the budget for fiscal year 2015 (FY15) and a resolution that any funding from the Trauma System be tied to results of outcomes and performance. Ms. Joiner stated that the FY15 total budget is \$22,758,618 and referred to the draft FY15 budget handout for specific funding amounts. Invoices need to be sent to the Trauma Section by June 15, 2014, with everything closed out by June 30. Mr. Fendley asked for a vote to recommend this budget to the Board of Health. The TAC voted to recommend the budget as requested.

- Hospital Designation Committee and Site Survey/System Assessment Panel (Dr. James Booker, Chair) (Did not meet) (No report)

Dr. Booker shared that the Committee did not meet in March.

- EMS Committee (Tim Tackett - Chair)

Mr. Tackett shared that they met this morning. In relation to the EMS funding formula, the Committee voted on the definition of a 'transport' to be "transport of a trauma patient, transfer of the care of the trauma patient to another healthcare provider, rendezvous or intercept with another healthcare provider." Another recommendation was made that the deadline for the EMS data to be submitted to the EMS Registry be April 4, 2014.

- Rehabilitation Committee (Jon Wilkerson – Chair)

The Committee is pleased to have Dr. Robert Griffin as their newest member. Dr. Griffin brings many years of experience in the healthcare field. The "Tools 4 Life Conference" will be held April 16, 2014 at North Pulaski Tech. This conference is co-sponsored with Increasing Capabilities Access Network and Arkansas Workforce Education. The disability resource website is now live and can be accessed at <http://www.atrp.ar.gov>. The current count of referrals to the Traumatic Brain Injury Registry is 178. We appreciate the cooperation we have received from trauma centers and their staffs. Next month, April 17-18, we will be hosting the re-scheduled Certified Brain Injury Specialist training. We are partnering with NeuroRestorative on this endeavor.

- QI/TRAC Committee (Dr. Charles Mabry – Chair)

Dr. Mabry said the Committee met earlier this afternoon in a closed meeting to discuss some trauma cases. One of the roles of the Committee is to evaluate if there are opportunities for improvement with trauma cases and to provide recommendations to the facilities. There was discussion regarding how hospital capabilities are reported on the dashboard, specifically Intensive Care Unit capabilities. Dr. Booker stated that to stay in compliance with EMTALA, hospitals have to correctly identify their dashboard status and stay consistent with that status whether the patient arrives by private vehicle, EMS, or transfer. The dashboard categories of Alpha, Bravo, Charlie, Charlie Temp, and Delta were better defined to add clarity for the hospitals.

- Injury and Violence Prevention Committee (Dr. Mary Aitken – Chair)

Dr. Aitken reported the Committee met on March 13. There was discussion over the 70 ongoing projects with the TRACs that are supported by the Committee. An evaluation toolkit is being used to assess the education and training that is presented. The 2014 Arkansas Underage Drinking and Injury Prevention Conference will be held at the Crowne Plaza in Little Rock on April 14-16, 2014. The conference is full, but is taking a waiting list. There are 150 youth that will be attending.

X. Other

Dr. Smith thanked the group for their contribution. He hopes to have some positive news to share with TAC in the next few weeks regarding the *Rules*.

XI. Next Meeting Date

The next regularly scheduled meeting is on Tuesday, June 17, 2014 at 1:00 p.m.

XII. Adjournment

Without objection, Mr. Fendley adjourned the meeting at 4:41 p.m.

Respectfully Submitted,

Nathaniel Smith, MD, MPH
Secretary Treasurer of the Trauma Advisory Council
Director and State Health Officer, Arkansas Department of Health

TAC System Outcome Evaluation Committee

The charge of the System Outcome Evaluation Committee is to examine the:

1. Demographics of injured patients in Arkansas
2. Outcomes of patients injured in Arkansas
3. Value of the interventions to prevent and treat injury in Arkansas

Committee Objectives:

1. Determine the metrics of the state trauma system that accurately measure outcomes.
2. Determine the methods of evaluating the metrics.
3. Prioritize the evaluation of various components by (a) importance to the system and (b) cost of the evaluation.
4. Catalog the opportunities for evaluation and aid in the dissemination to groups capable of successfully completing the evaluations.
5. Advise the ADH Trauma Section regarding opportunities for extramural funding for evaluation of the system.
6. Evaluate proposals on scientific merit, feasibility, and cost.
7. Make specific recommendations to the ADH's Science Advisory Committee on the merit of specific proposals.

Committee Structure:

The majority of committee members shall have a proven research background with peer reviewed publication in the area of healthcare, system evaluation, or public health, as well as a working knowledge of epidemiology, research methodology, and statistical analysis. Other members may be appointed for their knowledge or expertise in marketing, state and federal politics, or social psychology. Additionally, members of the ADH Trauma Section and the ADH Science Advisory Committee may serve. The committee will consist of up to 10 members and will meet in Little Rock monthly for three months until the committee's charter is established, bylaws written and process for work are determined. At that point, the committee will have standing meetings quarterly and as needed based on need of the ADH and the volume of proposals.

Special Considerations:

Evaluation of the system, either as a whole or in components, should be considered for publication in peer reviewed journals and/or presented in a scientific forum when appropriate. Individual or entities intending to conduct trauma system outcomes research should notify the committee of the intent to present and publish work when making an application for data. Individuals or entities conducting trauma system outcomes research may apply for extra-mural funding to underwrite the work, and must disclose their intent to solicit extramural funding when making the application for data. Individuals on the committee or associated with an individual or entity intending to apply for data should disclose this to the committee as soon as it is known. Conflicts of interest will preclude the individual from participating in the further discussions regarding priorities and funding.

Trauma Advisory Council Finance Committee
March 17, 2014

Attending: R.T. Fendley, Chairman; Dr. Michael Sutherland; Don Adams; Terry Collins; Dr. Todd Maxson; Dr. Charlie Mabry; Kim Brown; Patty Campbell; Karen McIntosh; Dana Bell; Jennifer Carger; Diannia Hall-Clutts; Renee Joiner; Bill Temple; John Recicar; Donnie Smith; Carla Jackson; Dr. Jim Booker; Teresa Ferricher; Jon Wilkerson; Dr. Scott Lewis; Margaret Holaway; Karis Strevig;

Meeting was held by conference call.

I. Call to Order at 12:00 p.m. by R.T. Fendley, Chairman

II. Old Business: None

III. New Business:

Discussion of Proposed FY15 Trauma System Budget-Renee Joiner provided an overview of the proposed FY15 Trauma Budget Spreadsheet. After much discussion a motion was made by Dr. Mabry to recommend the proposed budget as is to the TAC. The motion was seconded by Dr. Sutherland.

Action Items: The Finance Subcommittee will consider performance based funding models for the FY16 budget. Performance metrics will be developed for hospital, EMS and IVP funding.

Meeting adjourned at 1:05 p.m.

EMS/Trauma Subcommittee
Tuesday, March 18, 2014
EMS Conference Room 801, Freeway Medical Building
Little Rock, AR
1000-1200

1. Call to Order at 1000 -- Tim Tackett, Chair
2. Welcome and Introductions -- Group
3. Approval of Draft Minutes From February Meeting

Tim suggested that since the meeting minutes were emailed late and there was so much information covered in the February meeting, that we should table them until our March meeting so everyone would have time to look at them. Jon Swanson made a motion to table the meeting minutes; there was a second by Denise and the motion carried.

4. Old Business
 - I. Open items progress reports from August 20, 2013 meeting
 - A. EMS Trauma Standards

Greg Brown reported that they are talking with their developer and they are working on an interim version of the EMS Data Scan System. They need to have the changes that will occur in the version of NEMSIS version 3 incorporated before rolling it out to the services. Looking at having it ready by the end of the month. Also looking at having a webinar for those services that are using Key Data and having one individual from every service to serve as a "train the trainer", complete the training and take back the information to their services. This individual would be responsible for making sure that the information is passed on to all of the service personnel. There will also be a power point presentation available as well.

Greg and Ryan did a presentation on the new EMS Data Dashboard. This dashboard will allow services to log on and run reports on the data that they have submitted to the state. These reports will be performance based and could serve as a quality assurance tool for each service. Each service will be able to filter and customize their reports as needed. The question was raised concerning HIPPA, Greg reassured the committee that this program is HIPPA compliant. He also reminded us that services have this information already. Greg also stated that the Section of EMS would have a log of who has access a record and when. Each service will have a user name and log in.

II. Open items progress reports from September 17, 2013 meeting

A. Aeromedical Response and Coordination

Tim stated that we have put this on hold since we have spent a lot of time with the EMS grant funding. This will move up to a higher priority at next months meeting. He stated that hopefully we can put together the joint meeting and start working on making some progress.

III. Open items progress reports from December 17, 2014 meeting

A. Prehospital Trauma Funding: The Future

Tim reviewed page 2 of the agenda, which included a summary of the three motions that were passed and recommended by the TAC EMS Subcommittee. These recommendations were then taken to the TAC and all were voted on and carried unanimously. A spreadsheet was provided using the new formula for FY 2015. Joe Martin stated that the Section of Trauma had some concerns about the funding that he wanted to bring to the committee. He stated that the EMS section provided him with a compliant and non-compliant list of services in regards to submitting EMS data.

#1 Concern: Those services that were non-compliant and submitted no data received a flat amount of \$1000.00. There was a lot of discussion concerning whether these services were in the validation phase and maybe that could be the reason they had no data reported. Tim brought up the third bullet point from the first motion on page 2 of the agenda where we had decided that the ADH Section of EMS and ADH Section of Trauma would have discretionary oversight and override authority for those license holders currently in the validation process. Joe stated that this concern might go away once they receive the current updated compliant and non-compliant list from the Section of EMS so this may not be an issue. Joe also brought up that there were services on that list that were compliant but are receiving the same amount as the non-compliant services since they did not report any trauma runs.

There was a lot of discussion on concern #1 regarding the services in some counties that were compliant but still did not have any data reported to the state and vise versa and how it affected their funding.

#2 Concern: There are services that show "0" on EMS data and they are not on the compliant or non-compliant list but are receiving the same amount as the non-compliant services, \$1000.00. Tim stated that the committee unanimously agreed that everybody has the ability to apply and receive at least minimal grant funding; that is our intent. He stated that we want to make it available to any and all that are willing to at least reach out and do something. The committee agreed with Tim that this was a mute point.

#3 Concern: In reference to the meeting minutes, the funding was to include "trauma transports" only. Joe stated that is would not include rendezvous, intercepts, care transferred, DOA's, refusals, etc. He explained the other choices that were available and not being counted. It was brought up that if an ambulance rendezvous with another ground or air ambulance, they both are to get credit for that trauma run. With excluding everything except "trauma transports", those services that are first on scene and marking rendezvous or intercept in the EMS database are not getting credit for that trauma call. There was a lot of discussion on this concern regarding what defines a "trauma transport" and should it include anyone that lays hands on the patient. Greg stated that the EMS Section includes all transports, care transfers and rendezvous as patient transports when submitting their data to the National Data Base. Jon made the motion that to be eligible runs that they be all three categories: transfer of care, patient rendezvous and actual transports. This would only be for FY 2015. The motion was second by Denise. Tim ask if we could put the definitions from NEMSIS into the motion to have a longer shelf life. There was discussion on this topic. There were no changes to the motion and the motion carried.

Renee stated that the EMS funding would be greatly reduced in FY 15 and carry over monies will go from 20% to 4%. FY 14 EMS funding was \$2,637,083.00 and FY 15 EMS funding is \$2,175,835.00.

There was discussion regarding the cut off date for Trauma EMS data submission. Greg stated that the EMS Section's cut off date for EMS data submission to the state is January 31st. It was brought up that even though a service might be going through the validation process they still have the opportunity and are encouraged to continue to use the state's EMS Key Data until the validation process has been completed. Gerald made a motion that the deadline date for Trauma EMS data submission be set for the close of business day on Friday, April 4, 2014; motion was seconded by Cathee, motion carried.

5. New Business – Open Forum

Jon brought up the use of Air National Guard Helicopters with disasters. They are meeting this coming Monday with the Brigade to discuss this issue. Jon stated that they have been very receptive in regard to helping with disasters. Greg stated that this would require a MCI rewrite. Jon stated that the 77th Aviation Brigade is participating in an exercise with MEMS on Pinnacle Mountain. Tim stated that we would keep this item on the agenda and Jon could update us at next months meeting.

Tim stated that we would also talk about enforcing the deliverables and what we can do to improve trauma care in Arkansas at next months meeting.

6. Next Meeting

Tuesday, April 15th, 2014
10:00am – 1200pm
Freeway Medical Tower, Room 801.

7. Adjournment

Jon made a motion to adjourn, Denise seconded and the motion carried with no objections.